LOS ANGELES COUNTY COMMISSION ON HIV

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COMMISSION ON HIV
MEETING MINUTES
October 10, 2013

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT *(cont.)*	COMMISSION MEMBERS PRESENT *(cont.)*	DHSP STAFF
Michael Johnson, Esq., *Co-Chair*/ Kevin James Donnelly	Joseph Green/Erik Sanjurjo, MA	Jill Rotenberg	Kyle Baker
	Anthony Gutierrez, MA	Shoshanna Scholar	
Ricky Rosales, *Co-Chair*	Kimler Gutierrez (non-voting)	LaShonda Spencer, MD	
Alvaro Ballesteros, MBA	David Kelly, MBA, JD	Harold Sterker, MPH	**COMMISSION STAFF/CONSULTANTS**
Joseph Cadden, MD	AJ King, MPH	Jason Tran/Rob Lester, MPP	
Raquel Cataldo	Lee Kochems, MA/James Chud, MS	Monique Tula	Dawn McClendon
Fredy Ceja, MPA/Jose Munoz	Mitchell Kushner, MPH, MD	Terrell Winder	Jane Nachazel
Pat Crosby (non-voting)	Brad Land	Richard Zaldivar	Glenda Pinney
Michelle Enfield	Patsy Lawson		James Stewart
Lilia Espinoza, PhD	Ted Liso/Douglas Lantis, MBA		Craig Vincent-Jones
Dahlia Ferlito, MPH (non-voting)	Abad Lopez	**COMMISSION MEMBERS ABSENT**	Nicole Werner
Suzette Flynn	Marc McMillin		
Susan Forrest	Ismael Morales	David Giugni, LCSW	
Aaron Fox, MPM	Victoria Ortega	Ayanna Kiburi, MPH	
Lynnea Garbutt	Angélica Palmeros, MSW	Fariba Younai, DDS	
Gambit Geniess	Mario Pérez, MPH		
Terry Goddard, MA	Gregory Rios		
Grissel Granados, MSW	Juan Rivera/Rev. Alejandro Escoto, MA		
PUBLIC			
Robert Aguayo.	Geneviéve Clavreul	Billy Jean	Kieta Mutepfa
Stacy Alfard	Phil Curtis	Luke Klipp	Tony Reynolds
Herman Avilez	H. Frankie Darling-Palacios	Joseph Leahy	Tania Rodriguez
Margarita Barragan	Lawrence Fernandez	Gabrielle Leon	Martha Ron
René Bennett	Miguel Fernandez	Jorge Martinez	Gayle Rutherford
Adam Butler	Donnie Frazier	Kiesha McCurtis	Lambert Talley
Virginia Cabicia	Shawn Griffin	Kurt Miller	Jason Wise
Cynthia Carmona, MPA	Carl Highshaw	Andre Mollete	

1. **CALL TO ORDER**: Mr. Rosales opened the meeting at 9:20 am. Mr. Johnson reminded Commissioners to submit their 700 Forms.
   - **A. Roll Call (Present)**: Cadden, Cataldo, Ceja/Munoz, Crosby, Enfield, Espinoza, Ferlito, Flynn, Forrest, Fox, Geniess, Goddard, Granados, Green, Anthony Gutierrez, Kimler Gutierrez, Johnson/Donnelly, Kelly, King, Kochems, Kushner, Land, Lester, Liso/Lantis, Lopez, McMillin, Morales, Pérez, Rios, Rivera, Rosales, Rotenberg, Spencer, Sterker, Tula, Zaldivar

2.APPROVAL OF AGENDA:

MOTION 1: Approve the Agenda Order ***(Passed by Consensus)***.

3. APPROVAL OF MEETING MINUTES:

A. April 11, 2013: This item was postponed.

B. August 8, 2013:

MOTION 2: Revise and approve the minutes from the August 8, 2013 Commission on HIV meeting, as presented ***(Passed by Consensus)***.

4. PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP:

- Mr. Alfard, Program Coordinator, Social Network Testing, Health and Wellness Center, AIDS Project Los Angeles (APLA) said they are targeting men, women and transgender women over 18 who are having sex with men and who are at high risk or do not know their status. The program is located at South La Brea and Coliseum.
- Mr. Frazier, Outreach Specialist, Health and Wellness Center, APLA said the two-session Respect Program for 18- to 24-year-old Black and Latino gay men offers an environment to discuss sexual behaviors and develop risk reduction plans with follow-up in two to four weeks. Outreach is another key APLA activity, and the Safe Space group facilitates discussion about sexual behaviors, relationships and HIV prevention skills. Mr. Mollete, Prevention Training Specialist, Health and Wellness Center, APLA added the Empowerment Program also serves 18- to 24-year-old gay men.
- A combined social media and traditional Town Hall, "You Speak", was hosted 9/27/2013 by APLA, Reach LA, Children's Hospital Adolescent Medicine and the Office of Supervisor Mark Ridley-Thomas. The panel of eight gay, young Black men from across the County discussed their experiences accessing HIV services in the County. The panel received 200 tweets. Issues raised included access for HIV+ youth to housing or linkage to care services while in shelters, cultural sensitivity and a need for discussion with faith-based and LGBT groups. See #blackoutLA conversations on Twitter or Facebook You Stream.
- The next Town Hall, "Hear Me Out", will be hosted by APLA and ReachLA on 12/7/2013, University of Southern California.
- Ms. Darling-Palacios, Bilingual Health Educator Healthcare Outreach Specialist, Health and Wellness Center, APLA provides Affordable Care Act (ACA) education to populations including Native Americans, families, LGBT and especially PLWH. She has given presentations since August and noted many questions on coverage for Spanish speakers and the undocumented.
- Ms. Mutepfa, UCLA Center for Clinical AIDS Research and Education, said UCLA is starting the sole PrEP women's study in Southern California. It will target high-risk women aged 18 or older. Contact kmutepfa@mednet.ucla.edu to refer clients.

5. COMMISSION/PPC COMMENT, NON-AGENDIZED OR FOLLOW-UP:

- Dr. Cadden noted receiving questions on LAC+USC campus clinic changes. General Hospital administration determined all specialty clinics need to be relocated from Comprehensive Health Centers to the main State Street and Marengo campus. Dermatology was the last requiring space and the Rand Schrader Clinic was asked to house the large specialty. Meetings are ongoing to address options. Changes are more likely to impact dermatology, but may hamper expansion for both services.
- Mr. Land asked about a Beilenson hearing. The County holds public hearings when Departments of Public Health (DPH) or Health Services (DHS) services are substantially impacted, e.g., curtailed, shifted or moved. County Counsel determines if hearings are needed. Dr. Cadden noted space review started just six weeks ago. The goal is to complete moves in February.

➲ Dr. Cadden will keep the Commission updated on developments.

6. CONSENT CALENDER:

A. Policy/Procedure #08.2107: Consent Calendar (revised):

- Mr. Johnson noted the policy/procedure addresses approving all non-contentious or controversial action (vs. procedural) motions by a single consent vote (approving the motion) of the membership at the start of the meeting. All "action" motions (motions in response to topical issues discussed or that could be discussed at the meeting). Motions can be "pulled" by anyone from the consent calendar for one of the following reasons: the Commission wants to have lengthier discussion involving more than responses to informational questions; there is opposition to a motion, which would entail a roll-call vote; some types of motions require roll-call votes, such as priorities and allocations and elections; and/or if there is a presentation planned to precede or accompany the motion.
- Public comment on revisions to clarify the policy/procedure was opened until 10/31/2013.

MOTION 4: Approve the Consent Calendar ***(Passed by Consensus)***.

7. **CO-CHAIRS' REPORT**:

A. Secondary Committee Assignments:

- Mr. Rosales said he and Mr. Johnson have received requests in the last few weeks, but decided to defer secondary assignments for six months so committees can become familiar with the work, select co-chairs and develop work plans.
- Mr. Johnson added primary committee assignments were made carefully to assure effectiveness. Some people could probably serve multiple committees well, but for a Commission-wide policy the core work is paramount.
- Mr. Kelly suggested reducing the delay. He felt such assignments were especially helpful for alternates who are often assigned with the full member to committees that do not interest them and on which they cannot normally vote. A secondary assignment allows them to fully participate in a committee that interests them and learn valuable skills.

B. HRSA/CDC Letters of Assurance/Concurrence:

- Mr. Rosales noted the letters in the packet confirm Commission agreement with program implementation.
- Mr. Vincent-Jones added the letters are a Commission Co-Chair responsibility, but usually come to the Commission for ratification in the spirit of transparency. Occasionally awards are late or the Commission is engaged in other matters such as this year's unification so there is insufficient time for Commission review before the submission date.
- Mr. Johnson underscored that the Commission wields its power as this jurisdiction's planning body via these letters. They are the Commission's affirmation to the funding source that the County has met, and continues to meet, priority-setting, allocations and directives as written into legislation and funding streams that allow the process to proceed.

C. Annual Meeting: "Adapting to a New Managed Care Environment":

- Mr. Rosales reported the Annual Meeting will be 11/14/2013. The location has not yet been determined.
- Mr. Vincent-Jones said another topic was deferred due to unavailability of speakers. Some have questioned spending so much time on managed care, but "managed care" is being used as a rubric since the entire landscape is changing and most health care will entail some form of managed care. That makes understanding it today critically important.
- The focus will be on changes from a health care and clinical care perspective and what the Commission should track.

8. EXECUTIVE DIRECTOR'S REPORT:

A. Pol/Proc #06.1000: Commission Bylaws:

- Mr. Vincent-Jones said there have been several revisions since July. Revisions are minor, but all Bylaws revisions must go through the public comment process. Changes eliminate the Public Policy Committee acronym, "PP"; delete a redundant use of "initiatives"; and delete the DHSP voting representative on the Planning, Priorities and Allocations, Public Policy and Standards and Best Practices Committees to foster greater flexibility for DHSP representation.
- Mr. Pérez stressed DHSP would maintain, if not expand, committee representation and DHSP's planning commitment. It is requesting the change since DHSP voting committee members already abstain from many votes, especially those in Public Policy, which lack previous Board approval. Committee needs also change and are best served by targeted DHSP staff, e.g., a financial report may be needed one month and an HIV or STD surveillance update another month.
- Mr. Vincent-Jones noted he had only received the request the day before and included it to facilitate discussion in the public comment period rather than delay the process. He has not fully evaluated the recommendation but, while he appreciated DHSP's perspective, he felt formal, committed DHSP committee representation has been fruitful.
- ➲ Refer DHSP committee representation recommendation to the Operations Committee for review.

B. FY 2012 RW PC Annual Progress Report (APR): The APR is a HRSA Condition of Award which delineates FY 2012 (3/1/2012-2/28/2013) accomplishments and challenges. It was submitted in late summer.

C. HRSA Webinar: PC/HPG Integration:

- Mr. Vincent-Jones noted staff and some members of the now disbanded Comprehensive HIV Planning Task Force in partnership with DHSP are preparing a webinar presentation on the unification process. at HRSA's request. The webinar will also include a presentation from Chicago. It is the only other Part A jurisdiction to address unification so far and it did so from an entirely different perspective. Details on the October webinar will be provided when available.
- The HRSA manual on unification has also been finalized. It will be released concurrent with the webinar.

9. **PARLIMENTARY TRAINING**:

- Mr. Stewart urged everyone to feel free to ask him questions about procedure whether during or outside of meetings.
- He announced he was elected Director At Large of the National Association of Parliamentarians in September.

10. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:

A. "Medicaid Expansion/Medi-Cal Managed Care":

- Ms. Carmona, Director, Government and External Relations, Community Clinic Association of LA County (CCALAC) noted CCALAC was founded in 1994. It has 52 organization members with 182 clinical sites. Members represent 32 Federally Qualified Health Centers (FQHCs), 10 FQHC Look-Alikes and 10 community or free clinics.
- CCALAC is a member of the California Primary Care Association (CPCA), also founded in 1994. CPCA represents 931 clinical sites with 516 FQHCs, 330 sites; 38 FQHC Look-Alikes and 20 Rural Health Centers (RHCs), none in the County.
- County area maps and demographics are available at www.ccalac.org. Maps for other state areas are available at www.cpca.org. A campaign to highlight clinic strengths and a clinic lookup are at www.californiahealthplus.com.
- Services provided by the member agencies include: primary care and preventive services; specialty care referrals; case management and eligibility services; enabling services, e.g., outreach, transportation and translation; health education; and additional services, e.g., mental health, substance abuse, dental and specialty services. Services are provided regardless of ability to pay.
- The County's sites serve 1,031,469 patients. Income levels are: 70%, <100% Federal Poverty Level (FPL); 17%, 100-200% FPL; 5%, >200% FPL; 8%, unknown. Data is from the 2011 OSHPD Annual Utilization Report of Primary Care. The report does not split out 133%-200% FPL data but, based on insurance data, Ms. Carmona felt most were under 133% FPL.
- Insurance data are: 58%, uninsured; 33%, Medi-Cal; 4%, private insurance; 3%, Medicare; 2%, Healthy Families. A study on sustainability several years ago recommended that clinic patient populations should not exceed 35% uninsured. Many clinics struggle to sustain current populations using fundraising and seeking grants to cover the difference.
- Data show Medicaid expansion rather than Covered California is the primary CCALAC focus. The 2014 Coverage expansions provide: >250% FPL, Exchange; 134-250% FPL, Narrow or Wide Bridge Plan; 0-133% FPL, Medicaid.
- The Bridge Plan should offer more affordable premiums for those at 134-250% FPL with the federal government paying 100%. The Department of Health Care Services (DHCS) submitted a proposed Bridge Plan to the Centers for Medicare and Medicaid Services, but the 300-page federal guidelines were released just a few weeks ago and are being studied.
- Clinics have worked with Healthy Way LA (HWLA) to enroll over 250,000 patients. CCALAC estimates approximately 300,000 additional people are eligible for expanded Medi-Cal, but are not yet enrolled. Clinics are continuing outreach.
- The County and State have advised CCALAC that HWLA patients will receive three notices about impending changes. The first was sent recently. Clinics are working with the County to advise patients that they will receive mail which they should open and read carefully. The County is using orange envelopes to attract attention and worked with the State to tailor the letter to enhance recipients' comprehension and mitigate some of the concern and tension. The letter explains coverage will transfer to Medi-Cal in 2014 and identify the person's medical home.
- Significant data exchange is occurring to try to ensure patients are assigned in the Medi-Cal system to medical homes where they are already receiving care. On monthly intervals, the Department of Health Services (DHS) sends its medical home mirror system to the University of California Los Angeles (UCLA) to format. UCLA then sends data to DHCS which works with it and sends it down to health plans who notify clinics of patients assigned to their medical homes.
- Data integrity is being watched closely to avert operational congestion in 2014 and ensure patients are appropriately assigned. CCALAC clinics are working with the County and health plans to see if advance lists can be provided so clinics can verify that clinic and health plan lists match to avoid congestion, but draft lists will not be available until December. Many health plans expect lists will not be current by 1/1/2014 and suggest using the Medi-Cal portal to verify patients.
- Clinics are becoming Certified Enrollment Entities (CCEs) as required to enroll patients in Covered California and are establishing Certified Enrollment Counselors (CECs) as required to do the actual enrollment. Covered California provides a $58 reimbursement fee to CECs for each enrollment. The California Endowment contributed $250 million to the state to qualify for federal matching funds for a similar reimbursement fee for each person enrolled in Medi-Cal.
- CCE certification is online and has had some problems, but some clinics have been certified and others are in process. Covered California has asked CCALAC to train its clinics' 300 plus CECs by Thanksgiving. That is also in process.
- CCALAC clinics are in negotiation to join County Qualified Health Plan (QHP) networks under Covered California. Community clinics and health centers are likely to be in two or three of the five CHPs including HealthNet and LA Care.
- Regarding benefits, there is an expanded mental health benefit under the Affordable Care Act (ACA) Medicaid expansion, but expansion details are being developed slowly. Many CCALAC clinics offer mental health services through their FQHC programs, but the model is restrictive and only LCSW, psychiatrist and psychologist services can be billed.
- The expansion covers some low intensive short duration services that lie between specialty mental health and primary care services such as prescriptions. FQHC clinics have provided such services and managed care plans will now do so

once responsibilities are allocated between them and the Department of Mental Health (DMH). Plans might also use a third party behavioral health plan for services. If so, clinics will need time to set up provider-network relationships.

- LA Care has not finalized a contract with Beacon Behavioral Services, but CCALAC is in discussions with LA Care and is setting up preliminary discussions with Beacon to lay as much groundwork as possible for the probable contract.
- Many clinics also offered mental health services to HWLA patients via DMH contracts under MHSA, Proposition 63. Those end 12/31/2013 in lieu of health care reform. There are discussions to continue the DMH contract relationship.
- One option is Short-Doyle arrangements, but there is some concern about FQHC ability to enter into those with the County. Medi-Cal patients can access care with an LCSW, psychiatrist or psychologist. Short-Doyle supports coverage for severe and persistent mental illness for those clinics that wish to provide it and offers more care setting flexibility.
- Mr. Ballesteros felt it was important for health centers to be able to access funds to ensure PLWH have integrated care and urged the Commission to support that. CCALAC supports health homes with integrated behavioral health. Even with ACA, the current system does not allow for significant integration of behavioral health into primary care. Ms. Carmona expected discussions at the County and state level to improve integration in the next year.
- CCALAC clinics are now focusing on outreach and enrollment. Several members received federal outreach dollars and three members received Covered California outreach grants.
- ACA funding to County community clinics and health centers totals $72,805,854. Many clinics also received American Recovery and Reinvestment Act dollars to implement electronic health records and engage them in meaningful use which certifies that providers know how to use electronic health records to provide higher quality care.
- Of ACA funding, capital accounts for $56,762,522 which has funded opening new clinic sites. Just $9,168,332 in ACA funding is for services. The July HRSA Outreach Awards generated $6.1 million for 32 CCALAC members. There was also one California award in August for a new access point in El Monte.
- ACA authorized $9.5 billion in expansion funding for services. Of that, $3.05 billion was used to backfill 2011 debt ceiling cuts and $120 million was used to backfill 2013 sequester cuts. Expansion funding increases through 2015 and then stops. Discussions are ongoing with Congress regarding concerns about base funding after 2015.
- Mr. Land asked about health plan reimbursements and clinic financing. Ms. Carmona said FQHCs receive a cost-based Medi-Cal reimbursement, called a PPS rate. With Medi-Cal expansion, managed care plans pay a capitation rate and the FQHC bills the state for a wrap-around to make the PPS rate whole. Each clinic negotiates with the state for its PPS rate.
- CCALAC is also in discussions with DHCS on a PPS payment reform pilot. PPS is guaranteed by federal law, which includes federal guidelines. It is now a per visit rate which leads to instability especially as clinics may wait up to three years for payment. CCALAC conducted analysis over the last two years and will likely launch a three-year pilot in 2015.
- The PPS rate also often does not cover costs. It may have been developed 10 years ago, for example, and not reflect current expenses. PPS does not cover a number of services, such as case management.
- Clinics do not receive a PPS rate for Covered California, and those rates do not meet costs. That may not have a significant effect on clinics since the number of patients is low and Medi-Cal patients will expand, but it is an issue.
- Mr. Land asked how FQHC expansion into County services will relate to existing HIV services. Ms. Carmona replied some members already serve PLWH, e.g., JWCH and the LA Gay and Lesbian Center. Members not already serving PLWH are focused on aligning their FQHC services to new ACA requirements, rather than seeking out new populations. The interest in expanding mental health services is in providing more comprehensive services to existing patients.
- Mr. McMillin asked about the uninsured and the undocumented. Ms. Carmona said Medicaid expansion does not apply to the undocumented. HWLA Unmatched is a separate program solely funded by the County for the uninsured, or those “not legally present.” Some will be newly eligible for Medicaid expansion while those not legally present will remain.
- CCALAC is working with the County to revamp HWLA Unmatched. It is not a true enrollment program. Clinics are allocated a finite pool of funding and earn a set rate per visit while funds remain. The revised program will be more of an enrollment program and will not be geographically based so patients can access services anywhere in the County.
- CCALAC clinics have always served the undocumented and uninsured. The federal government recognized the County’s need with more funding than other areas, but physical site and primary care provider capacity remain core issues.
- Mr. Pérez noted the Department of Public Health (DPH) is responsible for the County’s Ryan White Part A program. Some PLWH have migrated to Medicaid expansion, but Ryan White is unique in ensuring a robust menu of services. That has allowed the County to achieve a suppressed viral load for 75% of Ryan White patients who attend at least one medical visit per year exceeding the national suppression rate and the rate for PLWH with other care in the County.
- As people migrate into other plans, he asked about discussions on pharmaceutical costs, which are higher for PLWH and how providers will address the menu of services. Ms. Carmona noted there was insufficient preparation for last

year's migration to HWLA Matched from the Ryan White program. The CCALAC participated in many calls statewide to address issues. Discussions continue about the future of Ryan White and its impact on clinics, as well as eligibility.

- Pharmaceutical reimbursement for the undocumented is insufficient and clinics which serve undocumented PLWH are struggling. There were also seriously delayed payments when Ramsell rolled out. CCALAC continues work on the issue.
- Mr. Pérez asked about clinic inclinations to cover PLWH and probable health plan PLWH performance measures to foster viral suppression, which is key to reducing infections. Ms. Carmona said CCALAC clinics have not traditionally served large numbers of PLWH, but are discussing how to best serve them with health plans since they expect to serve more PLWH going forward. She did not feel people were discussing specific metrics due to the focus on enrollment. There is interest in working with clinics that have expertise with the population, but it is too early to see results.
- Mr. Land asked whether FQHC rates are quality- and behavior-based, e.g., on whether they accept or decline high acuity patients. Ms. Carmona replied a clinic that closes to patients is required to close to the entire patient population. Rates rarely change and clinics rarely request a PPS rate change from DHCS. Negotiations are complex and could trigger a decrease, so clinics review new services and productivity standards carefully before choosing to request a rate review.
- Ms. Ortega noted she is from East Los Angeles where services are rare and a particular issue for the undocumented and transgender persons who require mental health services for transition. Ms. Carmona felt the primary issue for the undocumented was to build more capacity. Regarding the transgender community, clinics struggle with meeting all the population's needs, but clinics that serve them must meet needs or provide referrals. Clinic patient populations may change after 2014 so clinics will need to re-evaluate their services to continue to meet patient needs.
- Mr. King asked how many County clinics are becoming certified Patient-Centered Medical Homes (PCMHs), what benefits are in becoming a PCMH, and how ACA facilitates the transition. Ms. Carmona said some clinics are certified and others are in process, but she had no numbers.The ACA does not have prescriptive incentives for becoming a PCMH yet, but those are expected so clinics are interested. Foundations are taking certification into account in awards and managed care plans are pushing certification, e.g., LA Care began certifying clinics two years ago.
- Ms. Forrest asked about coordination with the Department of Public Social Services and General Relief (GR). Clients are often homeless and have mental health and substance abuse issues. They get mail at GR, but cannot go back for three months if they miss a medical appointment. She had thought the GR population was automatically enrolled in HWLA.
- Ms. Carmona said CCALAC also expected the GR population would be automatically enrolled in HWLA, but had expected complllications. CCALAC clinics serve many homeless, know their barriers, and constantly advocate for them with DHS.
- Mr. Talley, Grace Center for Health and Healing, receives many calls especially from those on GR and the homeless. Most are very confused and do not know how to enroll. He provides help in applying. Ms. Carmona said CCALAC has clinics specializing in the population that offer enrollment help. CCALAC also engages in outreach through its clinics. Mr. Talley reminded the body that there is interest in South LA in convening a conference to help coordinate faith-based and health care community efforts.
- Mr. Fox complimented CCALAC for learning about PLWH needs and engaging in advocacy on their behalf.
- ➲ Ms. Carmona urged those experiencing difficulties at a clinic to contact her for assistance at ccarmona@ccalac.org.

12. CALIFORNIA OFFICE OF AIDS (OA) REPORT: There was no report.

13. DIVISION OF HIV/STD PROGRAMS (DHSP) REPORT:

A. HIV Epidemiology Report: There was no report.

B. Administrative Agency Report:

- Mr. Pérez said DHSP will be working on contract renewals for a variety of service categories though the end of 2013.
- DHSP continues efforts in South LA to reduce the STD burden among young women and young men of color. The enhanced STD framework should be done by November. The model may roll out countywide if successful.
- Mr. Land called attention to gaps in co-payment and premium reimbursements expected after 1/1/2014. Mr. Pérez noted California has a variety of ways to support PLWH, e.g., ADAP can assist with medication co-payments and the Office of AIDS-Health Insurance Premium Payment (OA-HIPP) helps preserve health insurance by paying the premiums. As ACA rolls out, some people will incur out-of-pocket expenses and DHSP and the Commission have previously spoken with the State about how to fill those gaps, and to help determine if a local response is needed.

- The State prefers to fill them via OA-HIPP, which benefits from statewide infrastructure. It would be hard to create an administrative and procurement mechanism locally. There are 15 benefit specialty partners contracted by DHSP to help consumers optimize benefits. He suggested the Commission, DHSP and policy stakeholders discuss the issue with OA.
- Mr. Vincent-Jones said OA told him some months ago that it would only continue premium support, but that may have changed due to new HRSA guidance. He felt some costs would remain that could not be covered by Ryan White dollars. The goal for a local response was to use Net County Cost (NCC) dollars to fill those gaps. Mr. Pérez said that option could be explored as there is a precedent for use of NCC funds for some supplemental care services; sometimes it has required federal endorsement.
- Mr. Rivera said he is on OA-HIPP and has helped others enroll. He lost coverage when he enrolled initially because, while enrollment was easy, it took two months to receive a check. It took time to resolve it. He has seen others come close to losing coverage or temporarily lose it. There seems to be insufficient staff to address the demand promptly.
- Mr. Lantis also lost coverage since COBRA provides a 45-day window which does not align with the OA-HIPP response.
- Mr. Pérez said adding new services to OA-HIPP can be a problem if it cannot address current, less complex issues. He suggested citing those examples in discussions with the state and seeing how the County can help address the issue.
- Mr. Rivera suggested a bridge program for COBRA or premiums pending a lower cost program until OA-HIPP starts.
- Mr. Vincent-Jones cautioned that the Medicare Part D gap program took a great deal of work and only helped seven people. It is important to address issues quickly, but also to use lessons learned to ensure effectiveness.

➲ Mr. Vincent-Jones and Mr. Pérez will initiate arrangements on 10/11/2013 for a call to discuss filling gaps with OA.

1. ***FY 2013 RW Part A Application***: Mr. Pérez said the application was uploaded that week. DHSP used the full 80-pages to describe the County's HIV service system. This year's application is more fragmented than in earlier years as HRSA used a new format, but all elements are there. It will be in the next Commission packet and is available from DHSP.
2. ***FY 2013 CDC Cooperative Agreement***: HIV prevention and STD cooperative agreements were submitted to the CDC.

14. **STANDING COMMITTEE REPORTS**:

A. Operations: Mr. Johnson reported co-chair nominations have been opened and elections will be held at the next meeting, and that the 10/28/2013 Operations Committee meeting will be expanded to 9:00 am to 12:00 noon.

1. ***Membership Recruitment/Management***:
   a. ***New Member Nomination(s)***:
   MOTION 4: Nominate Chris Perry to the Board of Supervisors for appointment as the Alternate to the District 1 Supervisorial Office representative member on the Commission ***(Passed as Part of the Consent Calendar)***.
2. ***Policies and Procedure Manual***:
   - Mr. Vincent-Jones reported staff has recommended revisions to the conflict of interest rules which were in the packet last month, but Operations has not yet reviewed them and they are open for public comment.
   - Conflict of interest policy is very important to Ryan White and, along with the grievance policy, must be submitted by planning councils for approval by HRSA. HRSA, in particular, will ask how the subject has been addressed with the Commission and how unification may change areas they consider required.
   - There will be a full presentation on conflict of interest and grievance policies at the December Commission meeting to educate new Commissioners and provide a refresher for those already familiar with the policies.
   - There are separate conflict of interest policies for Ryan White and for the State. There was an attempt to combine the two, but HRSA objected to the inclusion of State issues. The policies now must also address any conflict of interest issues deemed important by the CDC. The proposed revision continues the Ryan White requirement threshold. The CDC has lower requirements since their HIV planning groups do not have the same authority to allocate funds.

   ➲ Conflict of interest policies will be posted on the Commission website under "Public Comment" in approximately one week. The much longer grievance policy is still being revised and will be posted in approximately two months.

   a. ***Pol #08.3105: RW Conflict of Interest***: Open for public comment.
   b. ***Pol #08.3108: State Conflict of Interest***: Open for public comment.
3. ***Comprehensive Training Program***:
   a. ***New Member Orientation(s)***: Mr. Johnson reported two orientations have been conducted and were well attended. Per attendee request, the PowerPoint presentation was provided in the Commission packet.
4. ***Assessment of Administrative Mechanism (AAM)***: Mr. Johnson noted the Commission is required to conduct an AAM to assess how the grantee performs its duties. Details are being prepared for an RFP.
5. ***Public Awareness/Information and Referral***: There was no report.

B. Planning, Priorities and Allocations (PP&A): Co-Chair nominations were opened. Elections will be held at the next meeting.

1. ***FY 2013 Allocation Revisions***: Documents were in the packet. PP&A will make recommendations at its next meeting.
2. ***Completion of FY 2014 P-and-A Process***: PP&A will make recommendations at a subsequent meeting.
3. ***P-and-A Process Modifications: FY 2015***: PP&A will make recommendations at a subsequent meeting.
4. ***FY 2013-2014 LACHNA (Needs Assessment)***: PP&A incorporated prevention by initiating a two-year LACHNA cycle alternating between care and prevention. A LACHNA work group will address development of LACHNA mechanics.
5. ***New Financial Expenditure Reports***: A Financial Expenditure Reports work group has been created to work with Dave Young, DHSP, to define a new expenditure report format that includes a broader amount of financial information (e.g., for prevention services).
6. ***Monitoring Comprehensive HIV Plan (CHP)***: A CHP work group will develop a plan to monitor the CHP goals and objectives, progress towards them, and updating or modifying them in the CHP on a regular basis—all in an effort to chart the EMAs progress towards its self-defined goals and to make the CHP a "living" rather than moribund document that truly serves as a blueprint for HIV service delivery in LA County.

C. Public Policy: Co-Chair nominations were opened and three people nominated. Elections will be held at the next meeting.

1. ***Affordable Care Act (ACA) Implementation***:
   - Mr. Fox noted the insurance marketplaces opened 10/1/2013. There were one million unique visits to the Covered California website in the first week and 59,000 phone calls. The initial phone wait time was 15 minutes which declined to under 4 minutes by that Friday. There were 44,000 applications with 16,000 completed.
   - The federal marketplace has not gone as well, with some website problems likely due to the high volume of visitors. Numbers will not be available until November. They will be harder to develop since they will be calculated per state and broken down by how many people completed an account, began or completed an application.
   - Mr. Klipp, State Affairs Specialist, AIDS Project Los Angeles (APLA), helped develop research questions and draft the California HIV/AIDS Policy Research Centers policy brief on the cost of Covered California private insurance to PLWH. It was written by Jacques Chambers, independent health care consultant, and is on the APLA website.
   - The primary question concerns the 5,500 PLWH now on ADAP that OA estimates will be eligible for Covered California because they earn more than 138% FPL. Ryan White is not considered coverage in health insurance under the ACA individual mandate. Someone eligible for Covered California who remains on Ryan White will be required to pay a penalty. The 2014 penalty is the higher of either $95 or 1% of gross income. Those eligible for Covered California earn more than 138% FPL so will automatically incur the higher 1% of gross income penalty.
   - The next question was on costs to those on ADAP who enroll in Covered California. Costs will vary, but case studies examined options and concerns, e.g., OA-HIPP is designed to cover premiums and its threshold will cover any Covered California premium. Problems do exist as noted, however, and it now covers just 700 to 800 people. Its ability to scale up to 5,500 is questionable and may require a bridge program as suggested by Mr. Rivera.
   - OA-HIPP does not cover co-payments and deductibles, but ADAP can continue to pay them for medications on the ADAP formulary for a PLWH with private insurance. ADAP does not pay other co-payments or deductibles, e.g., medications not on the ADAP formulary, hospitalizations or medical visits. Those costs will vary for an individual from perhaps nothing to approximately $4,000 with an average of $2,000 so it is critical to calculate its impact.
   - Mr. Pérez said the question is not only whether to remain on Ryan White, access ADAP and pay the penalty. PLWH who migrate to Covered California will have a hospital option for the first time as advocates have long sought.
   - Depending on the service, approximately 46% of California PLWH live in the County and use 40-45% of ADAP, but the State estimates the County has a third of those PLWH it is trying to enroll in ACA programs. Planning would be aided by an improved estimate, e.g., approximately $3.6 million would be needed to cover one-third of the PLWH.
   - Mr. Klipp said the OA ADAP estimates package provided the 5,500 statewide estimate and he believed the package also included County data. He noted that OA estimates only 4% of those in ADAP who are eligible for Covered California will move to that coverage in the next year.
   - Mr. Fox stressed that, unlike the transition to LIHP, HRSA is not mandating that PLWH move from Ryan White to Covered California, but it has added benefits so those and costs should be reviewed carefully with each consumer. He stressed building on this foundation to advocate for a full ACA wrap-around in the next fiscal year's budget negotiations. The approximately $40 million in the ADAP special fund could be used to address these cost barriers.
   - Mr. Lopez asked about penalties for the undocumented. Mr. Klipp replied those ineligible for Covered California do not incur a penalty. That includes the undocumented and some other categories, e.g., the currently incarcerated.

- It was asked if the Health Insurance/Premium Cost-Sharing service category could help fill this gap although the financial summaries presented earlier reflect no allocation. Mr. Vincent-Jones said the allocation was rolled into Benefits Support and increased. The Commission has also affirmed it is ready to allocate more funding if needed.
- The bigger issue is to identify a procurement mechanism. Mr. Pérez noted the Board of Supervisors had just accepted the Ryan White Part B resources that the federal government gives to the State, which is distributed to counties. These funds are the first of the annualized resources for 7/1/2013-3/31/2014. The period is less than a year because the State has decided to adjust its funding to counties to coincide with the Ryan White Part B term.
- In the call to OA agreed to earlier, he and Mr. Vincent-Jones could say to Dr. Karen Mark, Division Chief, OA, that if OA is prepared to make the investment and wants local support to operationalize filling these gaps then OA could amend the Part B contract amount to the County by, e.g., $1 million. The County would then need a mechanism.
- Any County mechanism to use resources for that purpose would have to be approved by the Board. One option would be to create a network of Third Party Administrators (TPAs) with current DHSP-funded providers to track, calculate and pay insurance premiums and co-payments for PLWH who are now mostly not part of the Ryan White system. Another option would be to identify a single provider with some TPA experience in paying co-payments under a non-competitive sole source agreement. That would be met with extreme scrutiny. Either option would require the political will to ensure ample, unanimous community support, which is unlikely.
- Mr. Fox said OA had planned to expand their contract with Ramsell, the TPA for ADAP, or contract with a new TPA for OA-HIPP. They have done neither due to mainly beaurocratic reasons, e.g., a State rule prohibits contracting work that State workers can do. He felt legislature budget allocations and directions on how funds must be used and implemented are needed for OA-HIPP to function effectively and absorb new clients from Covered California.
- Mr. Land, a former insurance adjuster for California, felt finding a TPA should not be an issue. The County already has contracts with TPAs, e.g., for Workers' Compensation claims. Existing contracts can be expanded to cover additional work. He urged joining with other jurisdictions to apply legislative pressure for solutions.
- Mr. Fox agreed, but noted OA will need budget authority to allocate funds which must go through the budget process. This fiscal year's budget is signed. The next round of budget negotiations is starting with the first budget iteration due in January. He felt all State HIV policy advocates support a full Covered California fiscal wrap-around.
- Mr. Land urged finding an interim solution to ensure there are no barriers to care for PLWH.
- Mr. Johnson reviewed the consensus that Messrs. Vincent-Jones and Pérez will contact OA on the OA-HIPP issue. It should be acknowledged that, though DHSP is good at procurement, the recent litigation outcome has put all procurement under heightened scrutiny. He asked Mr. Pérez what the Commission can do to help position DHSP for a possibly rapid procurement environment, e.g., what dialogue and public support are needed.
- Mr. Pérez replied that depends on OA's response. If OA says there is a TPA that can quickly serve multiple counties then it is only necessary to develop a mechanism for the County or State to reimburse the TPA quickly. It would be more complicated if OA says it will try to identify resources, but asks the County to develop its own mechanism. OA could also send resources directly to an agency, but that procurement process is also lengthy.
- Mr. Zaldivar asked which body will lead on developing community support. Mr. Johnson replied the Community Engagement Task Force is the lead body. The Consumer Caucus will also be active.

2. ***2014 Legislation Agenda***:

- The Committee is finalizing its legislative agenda. The three core goals are noted below though more may be added. The final agenda will be presented for approval at the next regular Commission meeting.

a. ***Routine Testing***: The County is considering the possibility of sponsoring legislation on this issue.

b. ***Cost-Sharing***: This is a top priority as exemplified by the day's extensive discussion.

c. ***Managed Care***: People moving from Ryan White to Medi-Cal managed care and those new to care, including those needing prevention services, will enter the system as of 1/1/2014, so it is necessary to monitor the related issues closely.

3. ***Ryan White Reauthorization/Appropriations***: There was no additional report.

4. ***Federal and State Budgets***:

- Mr. Fox said the federal shutdown does not affect the ACA rollout. Mr. Rivera noted he has been helping consumers address issues with Medicare, but has been stymied because no one is answering the phone.
- Mr. Fox said the State budget is better than in recent years. That bodes well for resources to meet new needs.

D. Standards and Best Practices (SBP): The Latino Caucus joined SBP for its last meeting to provide input into standards and "Special Population Guidelines" revisions. Ms. Granados and Dr. Younai were also elected Co-Chairs at the meeting.

1. ***Pol/Proc #05.8001: Grievance Process***: This policy is being revised as discussed.
2. ***Integrated Standards of Care: New Format***: Ms. Granados reported a work group was created to begin this work.
3. ***"Special Population Guidelines" Re-missioned***: SBP began discussion on expectations and interaction with standards.
4. ***Evaluation of Service Effectiveness (ESE)***: There was no additional discussion.
5. ***Integrated Standards of Care***: There was no additional discussion.

15. CAUCUS REPORTS:

A. Consumer Caucus: The Caucus meets after the Commission meeting.

1. ***Policy/Procedure #09.7201: Consumer Compensation***:
   - Mr. Vincent-Jones reported the stipend program will start this month or next. Acceptance of signed documents will begin this month. The subject will also be discussed at the Consumer Caucus after the meeting.
   - The main cause for delay is the definition of HIV- consumers. The complex issue was on the Operations agenda, but the Committee lacked time to fully discuss it. The current policy was approved less than a year ago and has been reviewed by County Counsel several times. The program will launch for HIV+ consumers to avoid further delay.
   - Work on the definition of HIV- consumers will continue. The definition will impact other areas besides stipends.

B. Latino Caucus: "Special Population Guidelines" are on hold while the Caucus works with SBP on revisions from a new direction, including new formatting. The Caucus will meet 10/15/2013, 10:00 am to 12:00 noon, to develop other priorities.

C. Transgender Caucus: The Caucus is working to schedule its first meeting.

16. TASK FORCE REPORTS:

A. Community Engagement Task Force: The first meeting should be scheduled and announced by email shortly.

B. Corrections Task Force: The first meeting should be scheduled and announced by email shortly.

C. Community Task Forces: The first meeting should be scheduled and announced by email shortly.

17. AIDS EDUCATION/TRAINING CENTERS (AETC) REPORT: The annual planning seminar will be in Sylmar in a couple of weeks.

A. Pacific AETC Subcontractors' Meeting (7/2013):
- Mr. Vincent-Jones noted the two presentations developed for the meeting were in the packet: "Planning Council Collaborations with the PAETC" and "Integrating the Gardner Cascade into LA County's HIV Continuum."
- The 10/29/2013 "Last Tuesday HIV Training: What's Up Doc – V.3, An HIV Treatment Update" flyer was in the packet.

18. SPA/DISTRICT REPORTS: Ms. Rotenberg announced the SPA 4 Service Provider Network will meet 10/17/2013 at 12:00 noon at the downtown AIDS Research Alliance. Call her at 213.484.1186 for more information or to RSVP.

19. COMMISSION COMMENT: There were no comments.

20. ANNOUNCEMENTS:
- The City of West Hollywood Board hosts its annual awards show with Jerry Jewell on 10/23/2013 in the Council Chambers.
- November is both Transgender and Native American Month. An 11/3/2013 Trans March starts in Plummer Park, 11:00 am.
- The National AIDS Treatment Advocacy Project will host a free forum 11/8/2013, 8:30 am to 1:30 pm, St. Anne's Conference Center. Breakfast and lunch are provided.
- The HIV Drug and Alcohol Task Force will present a four-hour training at Cri-Help. Training will include approximately 90 minutes each on ethics and the new HIPPA guidelines as well as information for providers on the health care transition.

21. ADJOURNMENT: The meeting adjourned at 1:00 pm in memory of Mr. Giugni's mother.

A. Roll Call (**Present)**: Ballesteros, Cadden, Cataldo, Ceja/Munoz, Crosby, Enfield, Ferlito, Forrest, Fox, Garbutt, Geniess, Goddard, Granados, Green/Sanjurjo, Anthony Gutierrez, Kimler Gutierrez, Johnson/Donnelly, Kelly, King, Kochems/Chud, Land, , Liso/Lantis, Lopez, McMillin, Morales, Ortega, Palmeros, Pérez, Rios, Rivera/Escoto, Rosales, Rotenberg, Scholar, Spencer, Sterker, Tran/Lester, Tula, Zaldivar

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Revise and approve the minutes from the August 8, 2013 Commission on HIV meeting, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 3: Approve the Consent Calendar.	***Passed by Consensus***	**MOTION PASSED**
MOTION 4: Nominate Chris Perry to the Board of Supervisors for appointment as the Alternate to the District 1 Supervisorial Office representative member on the Commission.	***Passed as Part of the Consent Calendar***	**MOTION PASSED**